

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Kerri

First name _____

Marie

Middle name _____

Griffin

Last name and Suffix (Sr., Jr., II, III) _____

About Debtor 2 (Spouse Only in a Joint Case):

First name _____

Middle name _____

Last name and Suffix (Sr., Jr., II, III) _____

2. All other names you have used in the last 8 years**FKA Kerri Marie Gunter**

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx-xx-2240**

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.Include trade names and
doing business as names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live**9760 7 Mile Rd NE
Rockford, MI 49341-8055**

Number, Street, City, State & ZIP Code

Kent

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.
 Yes.

District	Western District of Michigan	When	2/08/16	Case number	16-00522-swd
District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor	_____	Relationship to you	_____		
District	_____	When	_____	Case number, if known	_____
Debtor	_____	Relationship to you	_____		
District	_____	When	_____	Case number, if known	_____

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Debtor 1 Kerri Marie Griffin

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p>		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p>		
	16c. State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

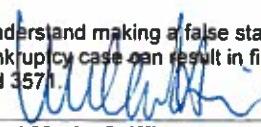
For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


 Kerri Marie Griffin
 Signature of Debtor 1

Signature of Debtor 2

Executed on January 3, 2019
MM / DD / YYYYExecuted on _____
MM / DD / YYYY

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jeremy B. Shephard
Signature of Attorney for Debtor

Date

January 3, 2019
MM / DD / YYYY
Jeremy B. Shephard

Printed name

Andersen, Ellis & Shephard

Firm name

**866 3 Mile NW
Suite B
Grand Rapids, MI 49544**

Number, Street, City, State & ZIP Code

Contact phone 616-784-1700

Email address

andersenfile@comcast.net**P-72719 MI**

Bar number & State

Certificate Number: 15725-MIW-CC-031928675



15725-MIW-CC-031928675

CERTIFICATE OF COUNSELING

I CERTIFY that on November 19, 2018, at 11:06 o'clock PM EST, Kerri Griffin received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: November 19, 2018 By: /s/Ernest Hill

Name: Ernest Hill

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF MICHIGAN	
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 154,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 154,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 5,081.54
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 159,081.54

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 126,608.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 126,608.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 110,278.00
		Your total liabilities \$ 236,886.00

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 2,773.52
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 2,773.52
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 1,573.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 1,573.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>1,434.00</u>
----	-----------------

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>78,686.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>78,686.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Kerri Marie Griffin	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MICHIGAN</u>		
Case number		<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1

9760 7 Mile Rd NE

Street address, if available, or other description

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Rockford MI 49341-8055
City State ZIP Code

Current value of the entire property?	Current value of the portion you own?
\$154,000.00	\$154,000.00

Kent

County

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number:

Parcel #41-12-19-100-010
2 x 2018 SEV = 154,000

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$154,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$0.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Personal possessions, belongings, appliances, furniture, furnishings, linens, kitchenware, various household tools

\$1,500.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

Computer, ipad; electronic devices including cell phones

\$500.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

Books

\$300.00

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

Everyday clothes, shoes, accessories

\$200.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

 Yes. Describe.....

<u>Everyday jewelry, costume jewelry, wedding ring</u>	\$50.00
--	---------

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

<u>2 domestic cats</u>	\$25.00
------------------------	---------

14. Any other personal and household items you did not already list, including any health aids you did not list

 No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,575.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....

<u>Money in wallet, in home, on hand</u>	\$3.00
--	--------

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. Individual - 9889	<u>Fidelity Investments</u>	\$0.00
17.2. Spending - 8236	<u>Fidelity Investments</u>	\$43.50
17.3. Emergency/Saving s - 4251	<u>Fidelity Investments</u>	\$0.19
17.4. Member - 1747-000	<u>Frankenmuth Credit Union</u>	\$5.00
17.5. Kasasa Cash Saver - 1747-061	<u>Frankenmuth Credit Union</u>	\$0.02

Debtor 1	Kerri Marie Griffin	Case number (if known)
17.6.	Kasasa Cash Plus - 1747-110	Frankenmuth Credit Union \$0.48

17.7.	Food Assistance Bridge Card - 2151	EBT \$0.34
-------	---	--

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them
 Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account: Institution name:

Roth IRA	Fidelity Investments	\$0.01
Robert Half Intl Inc - Retirement Account	Fidelity Investments	\$0.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?**

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Anticipated tax refunds for 2018	Federal, State	\$1,800.00
Prorated anticipated tax refunds for 2019 \$1,800 x (3/365)	Federal, State	\$15.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..

Unpaid wages due but not yet paid	\$620.00
Food Assistance benefits due but not yet paid	\$19.00

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Medicaid/Priority Health Choice - Health insurance	\$0.00
Perrin Inc - Employer sponsored life insurance	Brian Keith Gordon II \$0.00
Farm Bureau General Insurance Company of Michigan - Homeowner's insurance	\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

 Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**Possible claim against mortgage company****\$0.00****34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$2,506.54**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00**Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2 **\$154,000.00**56. Part 2: Total vehicles, line 5 **\$0.00**57. Part 3: Total personal and household items, line 15 **\$2,575.00**58. Part 4: Total financial assets, line 36 **\$2,506.54**59. Part 5: Total business-related property, line 45 **\$0.00**60. Part 6: Total farm- and fishing-related property, line 52 **\$0.00**61. Part 7: Total other property not listed, line 54 **\$0.00**+ **\$0.00**62. Total personal property. Add lines 56 through 61... **\$5,081.54** Copy personal property total **\$5,081.54**63. Total of all property on Schedule A/B. Add line 55 + line 62 **\$159,081.54**

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF MICHIGAN	
Case number (if known)			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
9760 7 Mile Rd NE Rockford, MI 49341-8055 Kent County Parcel #41-12-19-100-010 2 x 2018 SEV = 154,000 Line from Schedule A/B: 1.1	\$154,000.00	<input checked="" type="checkbox"/> \$11,825.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
9760 7 Mile Rd NE Rockford, MI 49341-8055 Kent County Parcel #41-12-19-100-010 2 x 2018 SEV = 154,000 Line from Schedule A/B: 1.1	\$154,000.00	<input checked="" type="checkbox"/> \$10,612.47 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Personal possessions, belongings, appliances, furniture, furnishings, linens, kitchenware, various household tools Line from Schedule A/B: 6.1	\$1,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Computer, ipad; electronic devices including cell phones Line from Schedule A/B: 7.1	\$500.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Books Line from Schedule A/B: 8.1	<u>\$300.00</u>	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Everyday clothes, shoes, accessories Line from Schedule A/B: 11.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Everyday jewelry, costume jewelry, wedding ring Line from Schedule A/B: 12.1	<u>\$50.00</u>	<input checked="" type="checkbox"/> \$1,600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
2 domestic cats Line from Schedule A/B: 13.1	<u>\$25.00</u>	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Money in wallet, in home, on hand Line from Schedule A/B: 16.1	<u>\$3.00</u>	<input checked="" type="checkbox"/> \$3.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Spending - 8236: Fidelity Investments Line from Schedule A/B: 17.2	<u>\$43.50</u>	<input checked="" type="checkbox"/> \$43.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Emergency/Savings - 4251: Fidelity Investments Line from Schedule A/B: 17.3	<u>\$0.19</u>	<input checked="" type="checkbox"/> \$0.19 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Member - 1747-000: Frankenmuth Credit Union Line from Schedule A/B: 17.4	<u>\$5.00</u>	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Kasasa Cash Saver - 1747-061: Frankenmuth Credit Union Line from Schedule A/B: 17.5	<u>\$0.02</u>	<input checked="" type="checkbox"/> \$0.02 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Kasasa Cash Plus - 1747-110: Frankenmuth Credit Union Line from Schedule A/B: 17.6	<u>\$0.48</u>	<input checked="" type="checkbox"/> \$0.48 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Food Assistance Bridge Card - 2151: EBT Line from Schedule A/B: 17.7	<u>\$0.34</u>	<input checked="" type="checkbox"/> \$0.34 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Roth IRA: Fidelity Investments Line from Schedule A/B: 21.1	<u>\$0.01</u>	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E),(12)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Robert Half Intl Inc - Retirement Account: Fidelity Investments Line from Schedule A/B: 21.2	<u>\$0.00</u>	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E),(12)
Federal, State: Anticipated tax refunds for 2018 Line from Schedule A/B: 28.1	<u>\$1,800.00</u>	<input checked="" type="checkbox"/> \$1,800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Federal, State: Prorated anticipated tax refunds for 2019 \$1,800 x (3/365) Line from Schedule A/B: 28.2	<u>\$15.00</u>	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Unpaid wages due but not yet paid Line from Schedule A/B: 30.1	<u>\$620.00</u>	<input checked="" type="checkbox"/> \$620.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Food Assistance benefits due but not yet paid Line from Schedule A/B: 30.2	<u>\$19.00</u>	<input checked="" type="checkbox"/> \$19.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(A)
Perrin Inc - Employer sponsored life insurance Beneficiary: Brian Keith Gordon II Line from Schedule A/B: 31.2	<u>\$0.00</u>	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

- No
- Yes

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF MICHIGAN	
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Creditor's Name	Describe the property that secures the claim:	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Michigan State Housing	9760 7 Mile Rd NE Rockford, MI 49341-8055 Kent County Parcel #41-12-19-100-010 2 x 2018 SEV = 154,000	\$12,142.00	\$154,000.00	\$0.00
Development Authority (MSHDA) 735 East Michigan Avenue Lansing, MI 48912	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Number, Street, City, State & Zip Code	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Second Mortgage			
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred 5/2018	Last 4 digits of account number NA			

Creditor's Name	Describe the property that secures the claim:	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.2 US Bank Home Mortgage	9760 7 Mile Rd NE Rockford, MI 49341-8055 Kent County Parcel #41-12-19-100-010 2 x 2018 SEV = 154,000	\$114,466.00	\$154,000.00	\$0.00
co Orlans PC 1650 W Big Beaver Rd Troy, MI 48084	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Number, Street, City, State & Zip Code	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) First Mortgage			
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt				

Debtor 1 **Kerri Marie Griffin**

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

Date debt was incurred **7/2012**Last 4 digits of account number **3984**

Add the dollar value of your entries in Column A on this page. Write that number here:
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

\$126,608.00
\$126,608.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code **MERS**
PO Box 2026
Flint, MI 48501-2026 On which line in Part 1 did you enter the creditor? **2.2**
 Last 4 digits of account number ____

Name, Number, Street, City, State & Zip Code **MERS**
1818 Library St Ste 300
Reston, VA 20190 On which line in Part 1 did you enter the creditor? **2.2**
 Last 4 digits of account number ____

Name, Number, Street, City, State & Zip Code **US Bank**
PO Box 211128
Eagan, MN 55121-4201 On which line in Part 1 did you enter the creditor? **2.2**
 Last 4 digits of account number ____

Name, Number, Street, City, State & Zip Code **US Bank Home Mortgage**
4801 Frederica St
Owensboro, KY 42301 On which line in Part 1 did you enter the creditor? **2.2**
 Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF MICHIGAN	
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number 2240	\$0.00	\$0.00
Who incurred the debt? Check one.	When was the debt incurred?		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<input type="checkbox"/> Domestic support obligations	
Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Notice Only.	<input type="checkbox"/> Other. Specify	
2.2 Michigan Dept of Treasury Priority Creditor's Name PO Box 30158 Lansing, MI 48909 Number Street City State Zip Code	Last 4 digits of account number 2240	\$0.00	\$0.00
Who incurred the debt? Check one.	When was the debt incurred?		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<input type="checkbox"/> Domestic support obligations	
Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Notice Only.	<input type="checkbox"/> Other. Specify	

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Total claim	
Account Receivable Solutions Nonpriority Creditor's Name PO Box 184 Saint Johns, MI 48879-0184 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2834 When was the debt incurred? 5/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Collection of Independent Bank-Cascade Grand. Balance from prior dismissed bankruptcy. <input checked="" type="checkbox"/> Other. Specify <u>bankruptcy.</u>	\$618.00
Account Receivable Solutions Nonpriority Creditor's Name PO Box 184 Saint Johns, MI 48879-0184 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6485 When was the debt incurred? 8/2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Collection of Emergency Care Specialists-Blo. Balance from prior dismissed bankruptcy. <input checked="" type="checkbox"/> Other. Specify <u>bankruptcy.</u>	\$385.00

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

4.3	Allied Business Service Nonpriority Creditor's Name 400 Allied Ct Zeeland, MI 49464-2219 Number Street City State Zip Code	Last 4 digits of account number 0163	\$481.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Collection of Medical Payment Data. Balance as of 12/17/2018 report to Experian.			
4.4	Allied Business Service Nonpriority Creditor's Name 400 Allied Ct Zeeland, MI 49464-2219 Number Street City State Zip Code	Last 4 digits of account number 0164	\$1,907.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Collection of Medical Payment Data. Balance as of 12/17/2018 report to Experian.			
4.5	Allied Business Service Nonpriority Creditor's Name 400 Allied Ct Zeeland, MI 49464-2219 Number Street City State Zip Code	Last 4 digits of account number 9317	\$173.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Collection of Medical Payment Data. Balance as of 12/17/2018 report to Experian.			

Debtor 1 **Kerri Marie Griffin**

Case number (if known)

4.6	Allied Collection Group Nonpriority Creditor's Name PO Box 1799 Holland, MI 49422-1799 Number Street City State Zip Code	Last 4 digits of account number 3036	\$272.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Other. Specify Collection of Spectrum Health Hospitals. Balance from prior dismissed bankruptcy.			
4.7	Allied Collection Group Nonpriority Creditor's Name PO Box 1799 Holland, MI 49422-1799 Number Street City State Zip Code	Last 4 digits of account number 8517	\$216.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Other. Specify Collection of Spectrum Health Medical Group. Balance from prior dismissed bankruptcy.			
4.8	Allied Collection Group Nonpriority Creditor's Name PO Box 1799 Holland, MI 49422-1799 Number Street City State Zip Code	Last 4 digits of account number 1843	\$1,226.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Other. Specify Collection of Spectrum Health Hospitals. Balance from prior dismissed bankruptcy.			

Debtor 1 **Kerri Marie Griffin**

Case number (if known)

4.9 Allied Collection Group Nonpriority Creditor's Name PO Box 1799 Holland, MI 49422-1799 Number Street City State Zip Code	Last 4 digits of account number 2806 When was the debt incurred? 12/2014 As of the date you file, the claim is: Check all that apply	\$173.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>■ Other. Specify <u>Collection of West Michigan Heart. Balance from prior dismissed bankruptcy.</u></p>		

4.1 0 Allied Interstate Nonpriority Creditor's Name PO Box 361563 Columbus, OH 43236-1563 Number Street City State Zip Code	Last 4 digits of account number 6387 When was the debt incurred?	\$168.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>■ Other. Specify <u>Collection of Fifth Third Bank. Balance as of 9/14/2018 statement.</u></p>		

4.1 1 ARS Collections Nonpriority Creditor's Name PO Box 15241 Lansing, MI 48901 Number Street City State Zip Code	Last 4 digits of account number 7954 When was the debt incurred?	\$254.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>■ Other. Specify <u>Collection of Emergency Care Specialists-Blodgett. Balance as of 1/29/2018 statement.</u></p>		

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

4.1
2**Capital One**

Nonpriority Creditor's Name

Bankruptcy Unit**PO Box 71068****Charlotte, NC 28272-1068**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Contingent
 Yes Unliquidated

Last 4 digits of account number

2973**\$215.00**

When was the debt incurred?

10/2017

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Credit card. Balance as of 12/2/2018 report to Experian.4.1
3**Chase**

Nonpriority Creditor's Name

PO Box 15145**Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7876**\$272.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Credit card. Balance as of 5/18/2018 statement.4.1
4**Consumers Energy**

Nonpriority Creditor's Name

Attn Bankruptcy Dept**3201 E Court St****Flint, MI 48506**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7608**\$800.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Shut off on utility. Balance as of 1/2019.

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

4.1
5**Credit Acceptance Corporation**

Nonpriority Creditor's Name

co Roosen Varchetti & Olivier
PO Box 2305
Mount Clemens, MI 48046

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

70GC**\$9,878.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

D17C06070GC
Judgment.4.1
6**Delta Dental Individual**

Nonpriority Creditor's Name

Product Unit
PO Box 1596
Indianapolis, IN 46206

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

NA**\$33.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Insurance premium. Balance as of
12/12/2017 statement.4.1
7**Diversified Consultant**

Nonpriority Creditor's Name

10550 Deerwood Park Blvd
Jacksonville, FL 32256

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

1300**\$795.00**When was the debt incurred? **4/2013**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection of Sprint. Balance from prior
dismissed bankruptcy.

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

4.1 8	<p>ERC Nonpriority Creditor's Name PO Box 57547 Jacksonville, FL 32241 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	Last 4 digits of account number NA \$471.00
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>		
Collection of AT T DirecTV. Balance as of 4/2018 report to Experian.		
4.1 9	<p>General Revenue Corp Nonpriority Creditor's Name 4660 Duke Dr Ste 300 Mason, OH 45040 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	Last 4 digits of account number 7396 \$2,569.00
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>		
Collection of Cornerstone University. Balance from prior dismissed bankruptcy.		
4.2 0	<p>Huntington National Bank Nonpriority Creditor's Name Attn Bankruptcy NE08 PO Box 89424 Cleveland, OH 44101-8539 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	Last 4 digits of account number NA \$1,800.00
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>		
Overdraft. Balance from prior dismissed bankruptcy.		

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

4.2 1	<p>Lake Michigan Credit Union Nonpriority Creditor's Name PO Box 2848 Grand Rapids, MI 49502 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number NA \$1,121.00</p> <p>When was the debt incurred? 8/2012</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Unpaid balance reported as loss on a credit card. Balance as of 7/24/2017 report to Experian.</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Experian.</u></p>
4.2 2	<p>Lake Michigan Credit Union Nonpriority Creditor's Name PO Box 2848 Grand Rapids, MI 49502 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0000 \$2,437.00</p> <p>When was the debt incurred? 8/2012</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Deficiency balance on an auto loan.</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Balance from prior dismissed bankruptcy.</u></p>
4.2 3	<p>Midland Funding LLC Nonpriority Creditor's Name co Mary Jane M Elliott PC 24300 Karim Blvd Novi, MI 48375 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 96GC \$652.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>D18C03196-GC</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Judgment.</u></p>

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

4.2
4**Money Recovery Nationwide**

Nonpriority Creditor's Name

**801 S Waverly Rd Ste 100
PO Box 13129
Lansing, MI 48901-3129**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

 No Yes

Last 4 digits of account number

2947**\$484.00**

When was the debt incurred?

2/2013

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Collection of Western Michigan Pediatrics
Ca. Balance from prior dismissed
bankruptcy.**

Other. Specify
**Collection of Western Michigan Pediatrics
Ca. Balance from prior dismissed
bankruptcy.**

4.2
5**Portfolio Recovery Assoc**

Nonpriority Creditor's Name

**Riverside Commerce Center
120 Corporate Blvd Ste 100
Norfolk, VA 23502-4962**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

 No Yes

Last 4 digits of account number

3388**\$621.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Collection of GE Capital Retail
Bank/Amazon.com. Balance as of 6/27/2018
statement.**

Other. Specify
**Collection of GE Capital Retail
Bank/Amazon.com. Balance as of 6/27/2018
statement.**

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

4.2
6**Portfolio Recovery Assoc**

Nonpriority Creditor's Name

**Riverside Commerce Center
120 Corporate Blvd Ste 100
Norfolk, VA 23502-4962**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Contingent
 Yes Unliquidated
 Debtor 2 only Disputed

Last 4 digits of account number

2479**\$914.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection of Capital One Bank (USA) NA.
 Other. Specify Balance as of 6/27/2018 statement.

4.2
7**Portfolio Recovery Assoc**

Nonpriority Creditor's Name

**Riverside Commerce Center
120 Corporate Blvd Ste 100
Norfolk, VA 23502-4962**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Contingent
 Yes Unliquidated
 Debtor 2 only Disputed

Last 4 digits of account number

2479**\$1,147.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection of Capital One Bank USA NA.
 Other. Specify Balance from prior dismissed bankruptcy.

4.2
8**RMP Services**

Nonpriority Creditor's Name

**8155 Executive Ct Ste 10
Lansing, MI 48917**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Contingent
 Yes Unliquidated
 Debtor 2 only Disputed

Last 4 digits of account number

2144**\$370.00**When was the debt incurred? **11/2017**

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection of Emergency Care Specialists-Blodge.
 Other. Specify Balance as of 11/1/2018 report to Experian.

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

4.2
9**RMP Services**

Nonpriority Creditor's Name

8155 Executive Ct Ste 10**Lansing, MI 48917**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

2569**\$254.00**

When was the debt incurred?

12/2017

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection of Emergency Care Specialists-Blodge. Balance as of 11/1/2018 report to Experian.

4.3
0**Syncb/amazon**

Nonpriority Creditor's Name

PO Box 965015**Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

3388**\$1.00**

When was the debt incurred?

12/2013

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Charge account. Possible balance owing from prior dismissed bankruptcy.

4.3
1**US Dept of Ed/GLELSI**

Nonpriority Creditor's Name

PO Box 7860**Madison, WI 53707**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

1577**\$21,208.00**

When was the debt incurred?

9/2009

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Education loan. Balance as of 11/30/2018 report to Experian.

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

4.3
2**US Dept of Ed/GLESLI**

Nonpriority Creditor's Name

**PO Box 7860
Madison, WI 53707**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8581**\$57,478.00**

When was the debt incurred?

9/2010

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Education loan. Balance as of 11/30/2018 report to Experian.4.3
3**Verizon Wireless**

Nonpriority Creditor's Name

**Customer Care Dept
26935 Northwestern Hwy Ste 100
Southfield, MI 48034**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

NA**\$885.00**

When was the debt incurred?

3/2016

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Telecommunications/cellular. Balance as of 11/30/2018 report to Experian.**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**63-1 District Court
1950 E Beltline NE
Grand Rapids, MI 49525**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**63rd District Court
1950 E Beltline NE
Grand Rapids, MI 49525**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Account Receivables Solution
301 N Clinton Avenue
Saint Johns, MI 48879**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Allied Collection Group

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

**400 Allied Ct
Zeeland, MI 49464-2219**

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**AT&T
Attn Bankruptcy Dept
PO Box 8039
Charleston, SC 29416**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**AT&T Consumer
Bankruptcy Dept
PO Box 769
Arlington, TX 76004**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**AT&T Mobility
5020 Ash Grove Road
Springfield, IL 62711-6329**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One
Bankruptcy Claims Service
PO Box 30285
Salt Lake City, UT 84130-0285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One
Bankruptcy Dept
PO Box 5155
Norcross, GA 30091**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One Bank USA N
15000 Capital One Dr
Richmond, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One Bank USA NA
PO Box 85015
Richmond, VA 23285-5015**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Chase
PO Box 15298
Wilmington, DE 19850-5298**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Chase
PO Box 15299
Wilmington, DE 19850-5299**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Chase Bank
Mail Code OH1-1272
340 S Cleveland Ave Bldg 370
Westerville, OH 43081**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

Client Services
3451 Harry S Truman Blvd
Saint Charles, MO 63301-4047Line **4.12** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Client Services
PO Box 1586
Saint Peters, MO 63376

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Comenity Bank
Bankruptcy Dept
PO Box 182125
Columbus, OH 43218-2125

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Cornerstone University
1001 E Beltline Ave NE
Grand Rapids, MI 49525

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Credit Acceptance Corp
25505 W 12 Mile Rd Ste 3000
Southfield, MI 48034-8339

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Delta Dental
16230 Collection Center Drive
Chicago, IL 60693

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
DIRECTV Inc
PO Box 6550
Greenwood Village, CO 80155-6500

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Dpt Ed/slm
PO Box 9635
Wilkes Barre, PA 18773

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Emergency Care Specialists
PO Box 3536
Grand Rapids, MI 49501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Fifth Third Bank
Attn Ch 13 Joan or Karen
1850 E Paris MD R36C1A
Grand Rapids, MI 49546

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Fifth Third Bank
Bankruptcy Dept
1830 East Paris Ave
Grand Rapids, MI 49546

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Fifth Third Bank

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

co Bankruptcy Dept
PO Box 44148 MS 1-1-COE
Jacksonville, FL 32231-4148

 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
GE Capital Retail Bank
Attn Bankruptcy Dept
PO Box 103104
Roswell, GA 30076

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Huntington National Bank
40 Pearl Street NW
Grand Rapids, MI 49503

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
I C System
PO Box 64437
Saint Paul, MN 55164-0437

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
I C System
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164-0378

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
I C System Inc
PO Box 64378
Saint Paul, MN 55164

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Independent Bank
4200 E Beltline NE
Grand Rapids, MI 49525

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Lake Michigan Credit U
4027 Lake Dr SE
Grand Rapids, MI 49546

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Lake Michigan Credit Union
3809 Lake Eastbrook Blvd S
Grand Rapids, MI 49546-5931

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Michigan Dept of Treasury
Treasury Building
Lansing, MI 48922

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Michigan Dept of Treasury
Bankruptcy Claims Unit
PO Box 30168
Lansing, MI 48909

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Michigan Dept of Treasury

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one): Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

Collection Division
PO Box 30199
Lansing, MI 48909-7699

 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Michigan Dept of Treasury
Third Party Withholding Unit
430 W Allegan St
Lansing, MI 48922-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midland Funding
2365 Northside Dr Ste 300
San Diego, CA 92108

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midland Funding LLC
8875 Aero Dr Ste 200
San Diego, CA 92123-2251

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Money Recovery Nationw
8155 Executive Ct Ste 10
Lansing, MI 48917

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Slm Financial Corp
PO Box 9500
Wilkes Barre, PA 18773

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Spectrum Health Hospitals
100 Michigan Street NE
Grand Rapids, MI 49503

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Spectrum Health Medical Group
2855 Michigan St NE #200
Grand Rapids, MI 49506

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Sprint
PO Box 15955
Shawnee Mission, KS 66285

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Sprint PCS
PO Box 8077
London, KY 40742

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Synchrony Bank
Attn Bankruptcy Dept
PO Box 965060
Orlando, FL 32896-5060

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Attorney
330 Ionia NW Ste 501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

**PO Box 208
Grand Rapids, MI 49501-0208**

Last 4 digits of account number

Name and Address
**US Attorney's Office
Western District of Michigan
Bankruptcy Section
PO Box 208
Grand Rapids, MI 49501-0208**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Us Dep of Ed/gleisi
2401 International
Madison, WI 53704**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**US Department of Education
Debt Collection Service Center
PO Box 5609
Greenville, TX 75403-5609**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**US Department of Education
Office of General Counsel
400 Maryland Ave SW Rm 6E353
Washington, DC 20202**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**US Dept of Education
Educational Credit Management
111 Washington Ave S Ste 1400
Minneapolis, MN 55401-6800**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Verizon North Inc
Bankruptcy Admin
404 Brock Drive
Bloomington, IL 61701**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Verizon Wireless
PO Box 4002
Acworth, GA 30101**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Verizon Wireless
PO Box 650051
Dallas, TX 75265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**West Michigan Heart
2900 Bradford St NE
Grand Rapids, MI 49525**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

Total claims from Part 1	6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d.	6a. \$ 0.00 6b. \$ 0.00 6c. \$ 0.00 6d. \$ 0.00 6e. \$ 0.00
Total claims from Part 2	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6j. Total Nonpriority. Add lines 6f through 6i.	6f. \$ Total Claim 78,686.00 6g. \$ 0.00 6h. \$ 0.00 6i. \$ 31,592.00 6j. \$ 110,278.00

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin	
	First Name	Middle Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN	
Case number (if known)		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name			
Number	Street		
City	State	ZIP Code	
2.2			
Name			
Number	Street		
City	State	ZIP Code	
2.3			
Name			
Number	Street		
City	State	ZIP Code	
2.4			
Name			
Number	Street		
City	State	ZIP Code	
2.5			
Name			
Number	Street		
City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF MICHIGAN	
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3.2

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN
Case number (if known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status*	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Machine Operator	
Employer's name	Perrin Inc	
Employer's address	5320 Rusche Dr NW Comstock Park, MI 49321	

How long employed there?

3 weeks

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 2,672.84	\$ N/A
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ N/A
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 2,672.84	\$ N/A

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
4. _____	\$ 2,672.84	\$ N/A

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ 399.32	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ N/A

6. **Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.**8. List all other income regularly received:**8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ **0.00** \$ **N/A**8b. **Interest and dividends**8b. \$ **0.00** \$ **N/A**8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ **0.00** \$ **N/A**8d. **Unemployment compensation**8d. \$ **0.00** \$ **N/A**8e. **Social Security**8e. \$ **0.00** \$ **N/A**8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: **Food Assistance**8f. \$ **90.00** \$ **N/A**8g. **Pension or retirement income**8g. \$ **0.00** \$ **N/A**8h. **Other monthly income.** Specify: **Cash Tips**8h.+ \$ **60.00** + \$ **N/A****Boyfriend's Monetary Contribution**\$ **200.00** \$ **N/A****Tax Refunds**\$ **150.00** \$ **N/A**9. **Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.9. \$ **500.00** \$ **N/A**10. **Calculate monthly income.** Add line 7 + line 9.10. \$ **2,773.52** + \$ **N/A** = \$ **2,773.52**

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. +\$ **0.00**12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies12. \$ **2,773.52****Combined monthly income****13. Do you expect an increase or decrease within the year after you file this form?** No. Yes. Explain: _____

I recently started my full time job. Income above is what I anticipate I will be earning going forward. I had been doing some babysitting which may not continue. Therefore, I have not included that as income above. My food assistance will decrease. What I anticipate I will be receiving going forward is indicated above. My boyfriend is currently in jail and will be home early February. Included in income above is what I anticipate his monthly monetary contribution will be.

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

**Official Form B 6I
Attachment for Additional Employment Information**

Debtor	
Occupation	Dishwasher
Name of Employer	Field and Fire Cafe LLC
How long employed	3 1/2 months
Address of Employer	820 Monroe Ave NW Ste 100 Grand Rapids, MI 49503

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	120.00
4d. \$	0.00
5. \$	0.00

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>60.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>433.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>50.00</u>	
10. Personal care products and services	10. \$ <u>35.00</u>	
11. Medical and dental expenses	11. \$ <u>45.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>232.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>43.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>105.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: <u>Pet Expenses</u>	21. +\$ <u>50.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>1,573.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>1,573.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>1,573.00</u>	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>2,773.52</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>1,573.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>1,200.52</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: Cost of living.	

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

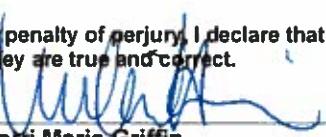
No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X


Kerri Marie Griffin
Signature of Debtor 1

X

Signature of Debtor 2

Date January 3, 2019

Date _____

Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)			

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:**Dates Debtor 1
lived there****Debtor 2 Prior Address:****Dates Debtor 2
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1		Debtor 2
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$71.75	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$20,412.53	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$22,356.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	Babysitting	\$175.00		
	Child Support	\$4,644.09		
	Cash Tips	\$164.00		
	Monetary Help from Boyfriend	\$3,850.00		
	Food Assistance	\$139.00		
For the calendar year before that: (January 1 to December 31, 2017)	Food Assistance, amount is approximate	\$800.00		
	Unemployment	\$1,252.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

■ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

 No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Credit Acceptance Corporation v Kerri Marie Gunter D17C06070GC	Garnishment	63rd District Court 1950 E Beltline NE Grand Rapids, MI 49525	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Midland Funding LLC v Kerri Marie Griffin D18C03196-GC	Civil	63-1 District Court 1950 E Beltline NE Grand Rapids, MI 49525	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Credit Acceptance Corporation co Roosen Varchetti & Olivier PO Box 2305 Mount Clemens, MI 48046	Wages <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	10/29/2018, 10/31/2018	\$191.29

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Ada Bible Church 3869 Knapp St NE Grand Rapids, MI 49525	Ongoing collection plate contributions	Monthly	\$43.00

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
--	---	-------------------	------------------------

Debtor 1 Kerri Marie Griffin

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Andersen, Ellis & Shephard 866 3 Mile NW Suite B Grand Rapids, MI 49544 andersenfile@comcast.net	Attorney Fees	7/25/2018, 9/28/2018	\$500.00
001 Debtorcc Inc 372 Summit Avenue Jersey City, NJ 07306	Credit counseling	12/19/2018	\$14.95

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
---------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Lauren Ashley McLaughlin Cornerstone University 1001 East Beltline NE Grand Rapids, MI 49525	2000 Saturn SL2 - 173,807 miles - fair condition - value \$500.00.	Value received - \$0.00. I signed this vehicle over to her so that she could have a vehicle on college campus.	8/29/2018-date signed over to her, 1/2/2019-date she transferred the title into her name
Daughter			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Debtor 1 **Kerri Marie Griffin**

Case number (if known) _____

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Chase Bank 5380 Northland Dr NE Grand Rapids, MI 49525	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	3/2018, exact date unknown	\$0.00
Fifth Third Bank 5400 Northland Dr NE Grand Rapids, MI 49525	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	9/2018, exact date unknown	\$0.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

 No Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Thomas John Postma 9760 7 Mile Rd NE Rockford, MI 49341-8055	Debtor's Residence 9760 7 Mile Rd NE Rockford, MI 49341-8055	2009 Chevrolet Cobalt - 154,000 miles - fair condition	\$2,200.00

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

Debtor 1 Kerri Marie Griffin

Case number (*if known*)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Kerri Marie Griffin 9760 7 Mile Rd NE Rockford, MI 49341-8055	Babysitting NA	EIN: NA From-To 11/2018-present

Debtor 1 Kerri Marie Griffin

Case number (if known)

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

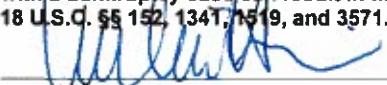
No
 Yes. Fill in the details below.

Name _____
 Address _____
 (Number, Street, City, State and ZIP Code)

Date Issued _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1347, 1519, and 3571.


 Kerri Marie Griffin
 Signature of Debtor 1

Signature of Debtor 2 _____

Date January 3, 2019

Date _____

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

20120730-0069945
 Mary Hollinsake P:1/2 1:54PM
 Kent City MI Reg# 07/30/2012, SEAL

20120730-0069945
 CONSIDERATION \$113,000.00
 COUNTY TAX \$124.30
 STATE TAX \$587.66
 TOTAL TAX \$971.56

KFCU KENT COUNTY, MI 49001

410591670GTA

2012 JUL 27 AM 9:47

GU22
PA

I HEREBY CERTIFY that there are No Tax Liens or Titles held by the State or any Individual against the within description, and all Taxes on same are paid for five years previous to the date of this instrument, as appears by the records in my office. This certificate does not apply to current taxes, if any now in process of collection.
 Date 27 2012

Deputy, Kent County Treasurer, Grand Rapids, Michigan

WARRANTY DEED**STATUTORY FORM FOR INDIVIDUALS****This Indenture,****KNOW ALL MEN BY THESE PRESENTS THAT:**Joann Amash, a married woman
9760 7 Mile Rd NE

Rockford, MI 49341

Convey(s) and Warrant(s) To:Keri Gunter a married woman
859 Ardmore St SE
Grand Rapids, MI 49507-2708**for the sum of****ONE HUNDRED THIRTEEN THOUSAND AND 00/100 DOLLARS — (\$113,000.00)**Dated this day of:
July 16, 2012**the following described premises situated in****The Township of Grattan, County of Kent and State of Michigan to wit:**

Commencing 150 feet West of the Northeast corner of the Northeast 1/4 of the Southwest 1/4 of the Northwest 1/4 of Section 18, Town 8 North, Range 9 West; thence West 200 feet; thence South 250 feet; thence East 200 feet; thence North 250 feet to beginning.

P.P. # 41-12-18-100-010

Subject to easements, reservations, restrictions and limitations of record, if any. And further subject to: none.

P.P. NO. 41-12-18-100-010
 Verified by PD & M.D. 68



410591670GTA

Signed by

Joann Amash

STATE OF MICHIGAN)
COUNTY OF KENT)

I, Jennifer E. Hummel, a Notary Public of the County and the State first above written, do hereby certify that Joann Amash personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 16th day of July, 2012.

Notary Public, Jennifer E. Hummel
Ionia County, acting in the County of Kent, Michigan
My Commission Expires: 09/11/17

(SEAL)

Assisted By:
Chicago Title
825 Kenmoor Ave Se
Grand Rapids, MI 49546

Drafted By:
Joann Amash
9780 7 Mile Rd NE
Rockford, MI 49341

Mall After Recording To:
Keri Gunter
9780 7 Mile Rd NE
Rockford, MI 49341

Send Subsequent
Tax Bills To:
Keri Gunter
9780 7 Mile Rd NE
Rockford, MI 49341

6/15/12



KENT COUNTY, MI
2012 JUL 27 AM 9:47

State of Michigan
After Recording Return To:
MACATAWA BANK
ATTN: POST CLOSING DEPARTMENT
10753 MACATAWA DRIVE
HOLLAND, MI 49424

MORTGAGE

This instrument was prepared by: **CRAIG VREELAND**
MACATAWA BANK
10753 MACATAWA DRIVE
HOLLAND, MI 49422
616-393-0583

Title Order No.: 410591670GTR

LOAN #: 90944

(Space Above This Line For Recording Data)

FHA Case No.
263-5168558-703

MIN: 1003372-0000090946-3

THIS MORTGAGE ("Security Instrument") is given on **JULY 16, 2012**.
KERRI GUNTER AND DANIEL K GUNTER, WIFE AND HUSBAND

The Mortgagor is

859 Ardmore St SE
Grand Rapids, MI 49507-2706

whose address is

This Security Instrument is given to Mortgage Electronic Registration Systems, Inc. ("MERS") as Mortgagor.
MERS is the nominee for Lender, as hereinafter defined, and Lender's successors and assigns. MERS is organized and
existing under the laws of Delaware and has an address and telephone number of P.O. Box 2026, Flint, MI 48501-2026,
telephone (888) 679-MERS.

MACATAWA BANK, A MICHIGAN CORPORATION

existing under the laws of **MICHIGAN**,
10753 MACATAWA DRIVE, HOLLAND, MI 49424.

("Lender") is organized and
and has an address of

Borrower owes Lender the principal sum of *******ONE HUNDRED TEN THOUSAND NINE HUNDRED FIFTY THREE AND NO/100***** Dollars (U.S. \$110,953.00). This debt is evidenced by Borrower's note dated the same date as this Security Instrument ("Note"), which provides for monthly payments, with the full debt, if not paid earlier, due and payable on **AUGUST 1, 2042**. This Security Instrument secures to Lender: (a) the repayment of the debt evidenced by the Note, with interest, and all renewals, extensions and modifications of the Note; (b) the payment of all other sums, with interest, advanced under paragraph 7 to protect the security of this Security Instrument; and (c) the performance of Borrower's covenants and agreements under this Security Instrument and the Note. For this purpose, Borrower does hereby mortgage, warrant, grant and convey to MERS (solely as nominee for Lender and Lender's successors and assigns) and to the successors and assigns**

FHA Michigan Mortgage - 4/88
Online Documents, Inc.

Page 1 of 5

Initials:
MIEFHAD E 0801

410591670GTR



DG



LOAN #: 90944

If Lender invokes the power of sale, Lender shall give notice of sale to Borrower in the manner provided in paragraph 13. Lender shall publish and post the notice of sale, and the Property shall be sold in the manner prescribed by applicable law. Lender or its designee may purchase the Property at any sale. The proceeds of the sale shall be applied in the following order: (a) to all expenses of the sale, including, but not limited to, reasonable attorneys' fees; (b) to all sums secured by this Security Instrument; and (c) any excess to the person or persons legally entitled to it.

If the Lender's interest in this Security Instrument is held by the Secretary and the Secretary requires immediate payment in full under paragraph 9, the Secretary may invoke the nonjudicial power of sale provided in the Single Family Mortgage Foreclosure Act of 1994 ("Act") (12 U.S.C. 3751 et seq.) by requesting a foreclosure commissioner designated under the Act to commence foreclosure and to sell the Property as provided in the Act. Nothing in the preceding sentence shall deprive the Secretary of any rights otherwise available to a Lender under this paragraph 17 or applicable law.

18. Release. Upon payment of all sums secured by this Security Instrument, Lender shall prepare and file a discharge of this Security Instrument without charge to Borrower.

19. Riders to this Security Instrument. If one or more riders are executed by Borrower and recorded together with this Security Instrument, the covenants of each such rider shall be incorporated into and shall amend and supplement the covenants and agreements of this Security Instrument as if the rider(s) were a part of this Security Instrument. (Check applicable box(es)).

Condominium Rider Growing Equity Rider Planned Unit Development Rider
 Graduated Payment Rider Other(s) [specify]

BY SIGNING BELOW, Borrower accepts and agrees to the terms contained in this Security Instrument and in any rider(s) executed by Borrower and recorded with it.

Kerri Gunter

(Seal)

Daniel K. Gunter

(Seal)

State of MICHIGAN

County of Kent

The foregoing instrument was acknowledged before me, Jennifer E. Hummel,
 , (Notary Public), this July 16, 2012 (date) by Kerri Gunter AND Daniel K Gunter (name
 of person acknowledged), Wife and husband.

State of MICHIGAN, County of Kent

My Commission Expires: _____

Acting in the County of: _____





20120730-0069946

Mary Hollingshead P.6/8 1:54PM
Kent Cnty MI Reg#r07/30/2012 SEAL

**EXHIBIT A
LEGAL DESCRIPTION**

Your Reference No.: 410591670GTA

Land located in the Township of Grattan, Kent County, State of Michigan, and described as follows:

Commencing 150 feet West of the Northeast corner of the Northeast 1/4 of the Southwest 1/4 of the Northwest 1/4 of Section 19, Town 8 North, Range 9 West; thence West 200 feet; thence South 250 feet; thence East 200 feet; thence North 250 feet to beginning.

P.P. # 41-12-16-100-010

Parcel ID Number: 41-12-19-100-010

(410591670GTA.PFD/410591670GTA/48)

201806130045256
Electronic Recording
Lisa Posthumus Lyons Pages: 4 09:39AM
Kent Cnty Mi Rgstr 06/13/2018 SEAL

MORTGAGE
HELP FOR HARDEST HIT

MICHIGAN HOMEOWNER ASSISTANCE NONPROFIT HOUSING CORPORATION (MHA)

In collaboration with
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY (MSHDA)
735 East Michigan Avenue
Lansing, Michigan 48912

THIS MORTGAGE, made and entered into this 31th day of May, 2018 by

WLC 7784

Kerri Griffin aka Kerri Gunter

a single person

whose address is 9760 7 Mile Rd NE, Rockford, MI 49341

(herein referred to as the "Mortgagor"), and the Michigan Homeowner Assistance Nonprofit Housing Corporation (MHA), whose address is 735 East Michigan Avenue, Lansing, Michigan 48912 (herein referred to as the "Mortgagee").

WITNESSETH:

WHEREAS, the Mortgagor is justly indebted to the Mortgagee in the principal sum of
Twelve Thousand One Hundred Forty Two and 40/100ths Dollars (\$ 12,142.40)
(the "Debt") evidenced by a Mortgage Note (the "Note") made on 5/31/2018. Said Note and all of its terms are incorporated herein by reference and this Mortgage shall secure any and all extension thereof, however evidenced.

THIS IS A FUTURE ADVANCE MORTGAGE. THE MAXIMUM PRINCIPAL AMOUNT, EXCLUDING "PROTECTIVE ADVANCES" AS DEFINED IN MICHIGAN COMPILED LAWS 565.901(C), THAT MAY BE SECURED BY THIS MORTGAGE IS \$ 12,142.40

NOW, THEREFORE, the said Mortgagor, for the better securing of the payment of such principal sum of money and the performance of the covenants and agreements herein contained does hereby MORTGAGE AND WARRANT unto the Mortgagee, its successors or assigns, the lands, premises and property (the "Property") situated in the Township of Grattan, County of Kent, and State of Michigan, described as follows,

H4HH (12/2017) Mortgage

Page 1 of 4

Initials: 

to wit:

Commencing 150 feet West of the Northeast corner of the Northeast 1/4 of the Southwest 1/4 of the Northwest 1/4 of Section 19 T8N R9W thence West 200 feet thence South 250 feet thence East 200 feet thence North 250 feet to beginning. Township of Grattan; County of Kent

Parcel number: 41-12-19-100-010

TOGETHER with the privileges and appurtenances belonging to the Property, and all of the rents, issues, and profits which may arise or be had therefrom.

TO HAVE AND TO HOLD the above-mortgaged premises, together with all buildings, improvements, and fixtures, to the said Mortgagee forever, provided that if the Mortgagor shall pay the principal and any interest as provided in the Note executed by the Mortgagor to the Mortgagee and shall pay all other sums hereinafter provided for, and shall keep and perform all of the covenants herein contained, then this Mortgage and the Note shall be null and void; otherwise to remain in full effect.

AND the Mortgagor hereby covenants as follows:

1. The Mortgagor will pay the Note at the times and in the manner provided therein.
2. So long as this Debt is unpaid, if the Property is sold or transferred, or ceases to be the principal residence of the Mortgagor, without the Mortgagee's prior written consent, or if the Mortgagor repays in full any mortgage loans encumbering the Property that are senior to this Mortgage, such act shall be deemed a breach of a covenant in this Mortgage and all the sums secured by the Mortgage shall be immediately due and payable. In the event the primary lien is paid in full due to a no cash out, limited-term, refinance, MHA may subordinate lien position in accordance with program guidelines. For purposes of this Mortgage, the words "sold or transferred," individually or together, specifically include, but are not limited to, an outright sale, sale on a land contract, sale with an assumption of the Mortgage, sale with wrap around financing, transfer by operation of law either upon the death of the Mortgagor or otherwise, and leasing of the Property.
3. The Mortgagor will not permit or suffer the use of the Property for any purpose other than Mortgagor's principal place of residence.
4. The Mortgagor will pay before the same become delinquent or subject to interest or penalties, all taxes, assessments, water rates, and all other charges and encumbrances which now are or shall hereafter be or appear to be a lien upon the Property (unless otherwise agreed to in writing), and that in default thereof, the Mortgagee may, without demand or notice, pay the said taxes, assessments, charges or encumbrances, and pay such sum of money as the Mortgagee may deem to be necessary therefor, and shall be the sole judge of the legality or validity thereof and of the amount necessary to be paid in satisfaction thereof.
5. The Mortgagor will keep the improvements now existing or hereafter erected on the Property insured against loss by fire and such other hazards, casualties, and contingencies as may be stipulated by the Mortgagee, unless otherwise agreed in writing.
6. The Mortgagor will not permit or commit any waste on the Property and will keep the buildings thereon and all equipment therein mortgaged, if any, in good repair, and promptly comply with all laws, ordinances, regulations, and requirements of any governmental body affecting the Property, and should the Property or any part

VLC 77844

IN WITNESS WHEREOF, the Mortgagor has caused these presents to be signed as of the day and year first above written.

Mortgagor: Kerri Griffin aka Kerri Gunter

Mortgagor:

Mortgagor:

Mortgagor:

STATE OF MICHIGAN)
County of Eaton)
Kent

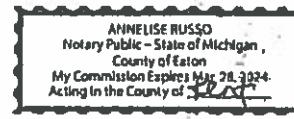
The foregoing instrument was acknowledged before me on this
day
by Kerri Griffin aka Kerri Gunter .

7 of June, 2018

V.C.C. 77844

Notary Public's Signature: Annelise Russo
Notary Public's Name: Annelise RUSSO
State of Michigan, County of: Eaton
My Commission Expires: March 28, 2024
Acting In: Kent

Drafted By and Return To:
Stacey Place
Step Forward Michigan
George W Romney Bldg, 8th Floor
111 S Capitol Ave
Lansing, MI 48933



Fill in this information to identify your case:

Debtor 1	Kerri Marie Griffin
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	Western District of Michigan
Case number (if known)	

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 1,054.00	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 9.00	\$ _____
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 29.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 29.00	Copy here -> \$ _____
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00 \$ _____

Debtor 1

Kerri Marie Griffin

Case number (if known) _____

7. Interest, dividends, and royalties**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ _____
\$ 0.00	\$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Cash Tips/Monetary Help from Boyfriend\$ **319.00** \$ _____**Food Assistance**\$ **23.00** \$ _____

Total amounts from separate pages, if any.

+ \$ **0.00** \$ _____**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 1,434.00	+ \$ _____	= \$ 1,434.00
--------------------	------------	----------------------

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income**12. Copy your total average monthly income from line 11.** \$ **1,434.00****13. Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.
- You are married and your spouse is filing with you. Fill in 0 below.
- You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total \$ 0.00	Copy here=> - 0.00

14. Your current monthly income. Subtract line 13 from line 12.\$ **1,434.00****15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=>

\$ **1,434.00**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ **17,208.00**

Debtor 1 Kerri Marie Griffin

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. MI

16b. Fill in the number of people in your household. 1

16c. Fill in the median family income for your state and size of household.

\$ 50,179.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2).*

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 1,434.00

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.00

19b. Subtract line 19a from line 18.

\$ 1,434.00

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b

\$ 1,434.00

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 17,208.00

20c. Copy the median family income for your state and size of household from line 16c

\$ 50,179.00

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years. Go to Part 4.*

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years. Go to Part 4.*

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

Kerri Marie Griffin
Signature of Debtor 1Date January 3, 2019
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

6 MONTH INCOME CALCULATOR & DISCLOSURE

The purpose of this spreadsheet is to calculate average monthly income. The average must be calculated from the prior 6 months. For example, if a bankruptcy is filed in July, add all income from January 1 to June 30, divide by 6. **Include ALL sources of income.** First, number each applicable month by typing in the month of filing the case.

Enter the number of the month of filing in the box below, e.g. January is month 1, February is month 2, March is month 3, etc. For example, if the case is filed sometime in January, type 1. If the case is filed in February, type 2 etc.

ENTER MONTH CASE WILL BE FILED: The calculator will display the previous 6 calendar months.
Type all income received during each of these months.

7 July GROSS	7 July	8 August GROSS	8 August	9 September GROSS	9 September	10 October GROSS	10 October	11 November GROSS	11 November	12 December GROSS	12 December
Office Team A Robert Half Company											
640		no pay		no		no pay					
496		no pay		pay		no pay					
360		no pay		this		49					
248		600		month		49					
256		548				413					
						448					
										Perrin Inc	
										242	
										187	
										Gift	
										50	
2,000	0	1,148	0	0	0	959	0	0	0	479	0
a monthly gross income						Total gross for 6 months:					
						4586					

764 =average monthly gross income

Total gross for 6 months:

176 =average weekly

353 =average biweekly

0 = average net monthly income for 6 months

Total net for 6 months:

Number of entries:

0 =average weekly

0 =average biweekly

Average entry for gross: \$328

Perrin Inc - first check 12/20/2018

OfficeTeam A Robert Half Company - last check 10/31/2018

I certify under penalty of perjury that the income listed is a complete list of income received in the previous 6 calendar months prior to the month of filing this case, including business receipts, income from property, interest, dividends, support, regular contributions to my expenses, retirement income, and income from all other sources, except as otherwise stated on the STATEMENT OF CURRENT MONTHLY INCOME - Means Test Form (Form 22).

/s/ 

/s/ _____

1/3/2019

6 MONTH INCOME CALCULATOR & DISCLOSURE

ENTER MONTH CASE WILL BE FILED: the calculator will display the previous 6 calendar months.

Type all income received during each of these months.

MONTH:

7 July GROSS	7 July	8 August GROSS	8 August	9 September GROSS	9 September	10 October GROSS	10 October	11 November GROSS	11 November	12 December GROSS	12 December
				82		167 167 155 80		67 78 128 126 81		60 157 177 144	

Subtotals: 0 0 0 0 152 0 569 0 481 0 538 0

290 =average monthly gross income

Total gross for 6 months: **1739**

67 =average weekly

134 =average biweekly

0 =average net monthly income for 6 months

Total net for 6 months: 0

Number of entries:

0 =average weekly

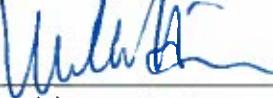
0 =average biweekly

15 gross pay entries
0 net pay entries

Average entry for gross: \$116
\$0

Field & Fire Café LLC - first check 9/21/2018

I certify under penalty of perjury that the income listed is a complete list of income received in the previous 6 calendar months prior to the month of filing this case, including business receipts, income from property, interest, dividends, support, regular contributions to my expenses, retirement income, and income from all other sources, except as otherwise stated on the STATEMENT OF CURRENT MONTHLY INCOME - Means Test Form (Form 22).

/s/

/s/ Kerri Marie Griffin

/s/ _____
/s/

1/3/2019

6 MONTH INCOME CALCULATOR-DISCLOSURE FOR BUSINESS OR SELF EMPLOYMENT INCOME

ENTER MONTH CASE WILL BE FILED: the calculator will display the previous 6 calendar months.

Enter all receipts and ordinary, necessary business expenses for these months

MONTH

RECEIPTS	7										0
EXPENSES	7										0
RECEIPTS	8										0
EXPENSES	8										0
RECEIPTS	9										0
EXPENSES	9										0
RECEIPTS	10										0
EXPENSES	10										0
RECEIPTS	11	100									100
EXPENSES	11										0
RECEIPTS	12	75									75
EXPENSES	12										0

29 AVERAGE MONTHLY RECEIPTSTotal receipts for 6 months: =average weekly =average biweekly**0 AVERAGE MONTHLY EXPENSES**Total expenses for 6 months: =average weekly =average biweeklyreceipt pay entries: Average entry for receipts: exp pay entries:

Average entry for exp: #DIV/0!

Average net income (receipts less expenses): Last month net income: **Babysitting**

The above are all receipts received from business and/or self employment income in the months indicated.

The above expenses were ordinary and necessary and actually incurred during the months indicated.

I certify under penalty of perjury that the receipts and expenses listed are true and complete for income received in the previous 6 calendar months prior to the month of filing this case, except as otherwise stated on the STATEMENT OF CURRENT MONTHLY INCOME - Means Test Form (Form 22).

/s/ 
/s/ Keri Marie Griffin

/s/ _____

/s/

1/3/2019

MONTH: 6 Month Average Calculator: Enter totals of any amounts for computation of a 6 month average.

July	\$48	\$7								<i>subtotal:</i>
Aug										\$55
Sept										\$0
Oct										\$0
Nov										\$0
Dec										\$0
	\$9	average monthly for 6 months								Total for 6 months:

Child Support

/s/

/s/ Kerri Marie Griffin

1/3/2019

MONTH: 6 Month Average Calculator: Enter totals of any amounts for computation of a 6 month average.

										<i>subtotal:</i>
July										\$0
Aug										\$0
Sept			\$4	\$9						\$13
Oct	\$18	\$16	\$16	\$8						\$58
Nov	\$7	\$7	\$11	\$12	\$7					\$44
Dec	\$7	\$14	\$14	\$14						\$49
	\$27	<i>average monthly for 6 months</i>				<i>Total for 6 months:</i>				\$164

Cash Tips

/s/ 

/s/ Kerri Marie Griffin

1/3/2019

MONTH: 6 Month Average Calculator: Enter totals of any amounts for computation of a 6 month average.

										<i>subtotal:</i>
July	\$350									\$350
Aug	\$500									\$500
Sept	\$500									\$500
Oct	\$200									\$200
Nov	\$200									\$200
Dec										\$0
	\$292	<i>average monthly income for 6 months</i>							Total for 6 months:	\$1,750

Monetary Help from Boyfriend

/s/ 

/s/ Kerri Marie Griffin

1/3/2019

MONTH: 6 Month Average Calculator: Enter totals of any amounts for computation of a 6 month average.

July									subtotal:
Aug									\$0
Sept									\$0
Oct									\$0
Nov	\$123								\$123
Dec	\$16								\$16
	\$23	<i>average monthly income for 6 months</i>						Total for 6 months:	\$139

Food Assistance

/s/



/s/ Kerri Marie Griffin

1/3/2019

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
+ <u>\$15</u>	trustee surcharge
	\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	<u>administrative fee</u>
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	<u>administrative fee</u>
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
Western District of Michigan**

In re **Kerri Marie Griffin**

Debtor(s)

Case No.
Chapter

13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: January 3, 2019


Kerri Marie Griffin
Signature of Debtor

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA PA 19101-7346

MICHIGAN DEPT OF TREASURY
PO BOX 30158
LANSING MI 48909

63-1 DISTRICT COURT
1950 E BELTLINE NE
GRAND RAPIDS MI 49525

63RD DISTRICT COURT
1950 E BELTLINE NE
GRAND RAPIDS MI 49525

ACCOUNT RECEIVABLE SOLUTIONS
PO BOX 184
SAINT JOHNS MI 48879-0184

ACCOUNT RECEIVABLES SOLUTION
301 N CLINTON AVENUE
SAINT JOHNS MI 48879

ALLIED BUSINESS SERVICE
400 ALLIED CT
ZEELAND MI 49464-2219

ALLIED COLLECTION GROUP
PO BOX 1799
HOLLAND MI 49422-1799

ALLIED COLLECTION GROUP
400 ALLIED CT
ZEELAND MI 49464-2219

ALLIED INTERSTATE
PO BOX 361563
COLUMBUS OH 43236-1563

ARS COLLECTIONS
PO BOX 15241
LANSING MI 48901

AT&T
ATTN BANKRUPTCY DEPT
PO BOX 8039
CHARLESTON SC 29416

AT&T CONSUMER
BANKRUPTCY DEPT
PO BOX 769
ARLINGTON TX 76004

AT&T MOBILITY
5020 ASH GROVE ROAD
SPRINGFIELD IL 62711-6329

CAPITAL ONE
BANKRUPTCY UNIT
PO BOX 71068
CHARLOTTE NC 28272-1068

CAPITAL ONE
BANKRUPTCY CLAIMS SERVICE
PO BOX 30285
SALT LAKE CITY UT 84130-0285

CAPITAL ONE
BANKRUPTCY DEPT
PO BOX 5155
NORCROSS GA 30091

CAPITAL ONE BANK USA N
15000 CAPITAL ONE DR
RICHMOND VA 23238

CAPITAL ONE BANK USA NA
PO BOX 85015
RICHMOND VA 23285-5015

CHASE
PO BOX 15145
WILMINGTON DE 19850

CHASE
PO BOX 15298
WILMINGTON DE 19850-5298

CHASE
PO BOX 15299
WILMINGTON DE 19850-5299

CHASE BANK
MAIL CODE OH1-1272
340 S CLEVELAND AVE BLDG 370
WESTERVILLE OH 43081

CLIENT SERVICES
3451 HARRY S TRUMAN BLVD
SAINT CHARLES MO 63301-4047

CLIENT SERVICES
PO BOX 1586
SAINT PETERS MO 63376

COMENITY BANK
BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS OH 43218-2125

CONSUMERS ENERGY
ATTN BANKRUPTCY DEPT
3201 E COURT ST
FLINT MI 48506

CORNERSTONE UNIVERSITY
1001 E BELTLINE AVE NE
GRAND RAPIDS MI 49525

CREDIT ACCEPTANCE CORP
25505 W 12 MILE RD STE 3000
SOUTHFIELD MI 48034-8339

CREDIT ACCEPTANCE CORPORATION
CO ROOSEN VARCHETTI & OLIVIER
PO BOX 2305
MOUNT CLEMENS MI 48046

DELTA DENTAL
16230 COLLECTION CENTER DRIVE
CHICAGO IL 60693

DELTA DENTAL INDIVIDUAL
PRODUCT UNIT
PO BOX 1596
INDIANAPOLIS IN 46206

DIRECTV INC
PO BOX 6550
GREENWOOD VILLAGE CO 80155-6500

DIVERSIFIED CONSULTANT
10550 DEERWOOD PARK BLVD
JACKSONVILLE FL 32256

DPT ED/SLM
PO BOX 9635
WILKES BARRE PA 18773

EMERGENCY CARE SPECIALISTS
PO BOX 3536
GRAND RAPIDS MI 49501

ERC
PO BOX 57547
JACKSONVILLE FL 32241

FIFTH THIRD BANK
ATTN CH 13 JOAN OR KAREN
1850 E PARIS MD R36C1A
GRAND RAPIDS MI 49546

FIFTH THIRD BANK
CO BANKRUPTCY DEPT
PO BOX 44148 MS 1-1-COE
JACKSONVILLE FL 32231-4148

FIFTH THIRD BANK
BANKRUPTCY DEPT
1830 EAST PARIS AVE
GRAND RAPIDS MI 49546

GE CAPITAL RETAIL BANK
ATTN BANKRUPTCY DEPT
PO BOX 103104
ROSWELL GA 30076

GENERAL REVENUE CORP
4660 DUKE DR STE 300
MASON OH 45040

HUNTINGTON NATIONAL BANK
ATTN BANKRUPTCY NE08
PO BOX 89424
CLEVELAND OH 44101-8539

HUNTINGTON NATIONAL BANK
40 PEARL STREET NW
GRAND RAPIDS MI 49503

I C SYSTEM
PO BOX 64437
SAINT PAUL MN 55164-0437

I C SYSTEM
444 HIGHWAY 96 EAST
PO BOX 64378
SAINT PAUL MN 55164-0378

I C SYSTEM INC
PO BOX 64378
SAINT PAUL MN 55164

INDEPENDENT BANK
4200 E BELTLINE NE
GRAND RAPIDS MI 49525

LAKE MICHIGAN CREDIT U
4027 LAKE DR SE
GRAND RAPIDS MI 49546

LAKE MICHIGAN CREDIT UNION
PO BOX 2848
GRAND RAPIDS MI 49502

LAKE MICHIGAN CREDIT UNION
3809 LAKE EASTBROOK BLVD S
GRAND RAPIDS MI 49546-5931

MERS
PO BOX 2026
FLINT MI 48501-2026

MERS
1818 LIBRARY ST STE 300
RESTON VA 20190

MICHIGAN DEPT OF TREASURY
TREASURY BUILDING
LANSING MI 48922

MICHIGAN DEPT OF TREASURY
THIRD PARTY WITHHOLDING UNIT
430 W ALLEGAN ST
LANSING MI 48922-0001

MICHIGAN DEPT OF TREASURY
COLLECTION DIVISION
PO BOX 30199
LANSING MI 48909-7699

MICHIGAN DEPT OF TREASURY
BANKRUPTCY CLAIMS UNIT
PO BOX 30168
LANSING MI 48909

MICHIGAN STATE HOUSING
DEVELOPMENT AUTHORITY (MSHDA)
735 EAST MICHIGAN AVENUE
LANSING MI 48912

MIDLAND FUNDING
2365 NORTHSIDE DR STE 300
SAN DIEGO CA 92108

MIDLAND FUNDING LLC
CO MARY JANE M ELLIOTT PC
24300 KARIM BLVD
NOVI MI 48375

MIDLAND FUNDING LLC
8875 AERO DR STE 200
SAN DIEGO CA 92123-2251

MONEY RECOVERY NATIONW
8155 EXECUTIVE CT STE 10
LANSING MI 48917

MONEY RECOVERY NATIONWIDE
801 S WAVERLY RD STE 100
PO BOX 13129
LANSING MI 48901-3129

PORTFOLIO RECOVERY ASSOC
RIVERSIDE COMMERCE CENTER
120 CORPORATE BLVD STE 100
NORFOLK VA 23502-4962

RMP SERVICES
8155 EXECUTIVE CT STE 10
LANSING MI 48917

SLM FINANCIAL CORP
PO BOX 9500
WILKES BARRE PA 18773

SPECTRUM HEALTH HOSPITALS
100 MICHIGAN STREET NE
GRAND RAPIDS MI 49503

SPECTRUM HEALTH MEDICAL GROUP
2855 MICHIGAN ST NE #200
GRAND RAPIDS MI 49506

SPRINT
PO BOX 15955
SHAWNEE MISSION KS 66285

SPRINT PCS
PO BOX 8077
LONDON KY 40742

SYNCB/AMAZON
PO BOX 965015
ORLANDO FL 32896

SYNCHRONY BANK
ATTN BANKRUPTCY DEPT
PO BOX 965060
ORLANDO FL 32896-5060

US ATTORNEY
330 IONIA NW STE 501
PO BOX 208
GRAND RAPIDS MI 49501-0208

US ATTORNEY'S OFFICE
WESTERN DISTRICT OF MICHIGAN
BANKRUPTCY SECTION
PO BOX 208
GRAND RAPIDS MI 49501-0208

US BANK
PO BOX 211128
EAGAN MN 55121-4201

US BANK HOME MORTGAGE
CO ORLANS PC
1650 W BIG BEAVER RD
TROY MI 48084

US BANK HOME MORTGAGE
4801 FREDERICA ST
OWENSBORO KY 42301

US DEP OF ED/GLELSI
2401 INTERNATIONAL
MADISON WI 53704

US DEPARTMENT OF EDUCATION
DEBT COLLECTION SERVICE CENTER
PO BOX 5609
GREENVILLE TX 75403-5609

US DEPARTMENT OF EDUCATION
OFFICE OF GENERAL COUNSEL
400 MARYLAND AVE SW RM 6E353
WASHINGTON DC 20202

US DEPT OF ED/GLELSI
PO BOX 7860
MADISON WI 53707

US DEPT OF EDUCATION
EDUCATIONAL CREDIT MANAGEMENT
111 WASHINGTON AVE S STE 1400
MINNEAPOLIS MN 55401-6800

VERIZON NORTH INC
BANKRUPTCY ADMIN
404 BROCK DRIVE
BLOOMINGTON IL 61701

VERIZON WIRELESS
CUSTOMER CARE DEPT
26935 NORTHWESTERN HWY STE 100
SOUTHFIELD MI 48034

VERIZON WIRELESS
PO BOX 4002
ACWORTH GA 30101

VERIZON WIRELESS
PO BOX 650051
DALLAS TX 75265

WEST MICHIGAN HEART
2900 BRADFORD ST NE
GRAND RAPIDS MI 49525